DXC MEDICAL RECRUITMENT

Submission from DXC Medical Recruitment to the Senate inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

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DXC Medical was founded in January 2018 and provides permanent and locum GP workforce recruitment solutions to clients throughout Australia.

We have consultants based in Wollongong, Sydney, Melbourne, Brisbane and Perth and support more than 800 independent and corporate medical centre providers throughout Australia.

In our first 3 years we have placed more than 325 GPs into General Practitioner positions in every state and territory in Australia, from MM1 – MM7 locations.

Of these placements, only 52 (16%) are Australian-trained doctors.

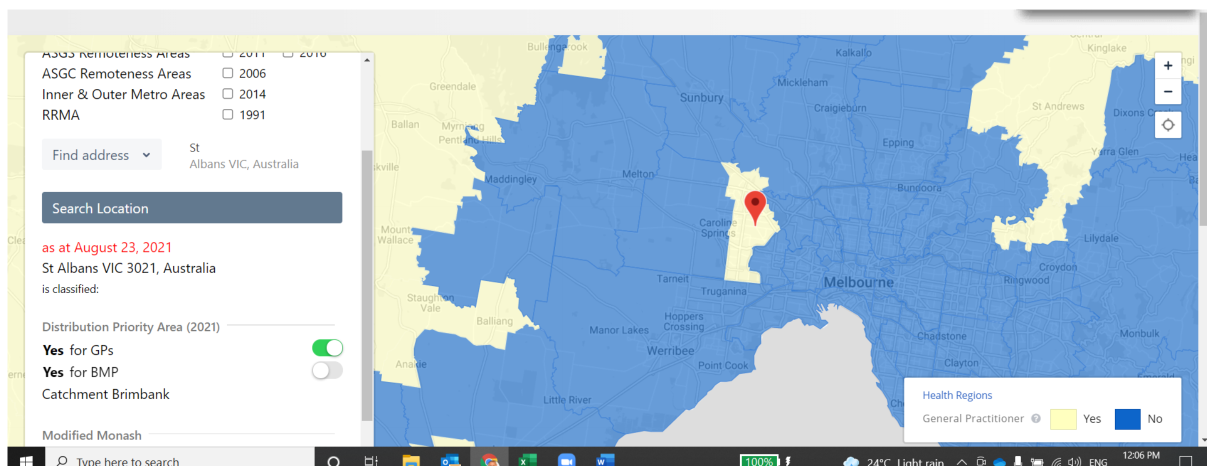
The primary focus of our submission is to highlight our extensive experience of:

1. the current state of outer metropolitan, rural, and regional GPs and related services;
2. current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:
    a) the stronger Rural Health Strategy,
    b) Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system,
    c) GP training reforms,

1: DPA and the Modified Monash Model

We believe that there are significant issues with how DPA catchment areas are currently classified and that the lack of transparency is responsible for stopping practices planning long-term recruitment and retention strategies for their GP workforce.

Image 1 (below) highlights one example of the disparity and frustration at the iniquity in the current system.



DPA locations of note: Canberra, St Albans (Melbourne), Woy Woy (NSW Central Coast)

Non-DPA locations of note: Vincentia, Narrabri, Grafton, Port Macquarie, Broken Hill

Recent positive DPA changes: Albury, Bathurst, Ballarat, Ulladulla, Geraldton

Ulladulla example

We met with a client in Ulladulla in early January 2021 when Ulladulla was not classified as DPA. They turned down the opportunity to expand to bigger premises due to the lack of DPA and concerns over GP recruitment. They believed they would never regain DPA status.

Even though they surprisingly regained DPA status after years without, the client confirmed that they still would not commit to expanding their services to the community, given "DPA could be taken away again within a few months".

MMM4 Proposal

We would propose that the Department considers adjusting the 'blanket DPA rule' to all MMM4 locations, as well as the current MMM5-7 locations.

This would then bring DPA in line with the Remote Vocational Training Scheme and ACRRM's Independent and Specialist Pathways, who all set the location criteria at MMM4.

It would also allow practices to obtain a Health Workforce Certificate.

2: More Doctors for Rural Australia Program (MDRAP)

35% of all our GP placements are non-VR GPs looking to commence on a training pathway. As a result, the permanent residents and citizens require a place on MDRAP should they wish to start prior to commencing on a 3GA training program.

DPA replacement provisions

At present, the program does not allow for DPA replacement provisions, which causes two main issues:

1. Practices have generated a DPA replacement provision due to an experienced GP leaving their practice. The recruitment of a non-VR GP is not a 'like for like' replacement and yet they still cannot use the replacement provision to recruit the doctor.

   The practice and the doctor are then left in limbo for a period of months while the doctor applies for a GP training program (such as PEP), causing the practice to be one GP down for this period.

   This also removes the chance of MMM4/nonDPA locations, such as Narrabri and Vincentia, utilising the Remote Vocational Training Scheme, as this requires the GP to be working in the location prior to applying.

2. Australian-trained, nonVR GPs are also blocked from applying for MMM2+/nonDPA locations on MDRAP for the same reason. Causing a delay to commencement at the practice.

MDRAP Supervision

Most doctors applying for MDRAP hold general registration with AHPRA. When they apply to their workforce agency for MDRAP, doctors without 6 months previous GP experience will be told that they need the equivalent of Level 1 or Level 2 supervision, as per AHPRA guidelines.

This exceeds AHPRA's own guidelines for supervision for doctors holding general registration and acts as a major barrier to small towns who cannot meet the supervision requirements imposed by the workforce agency.

The email below clearly clarifies AHPRA's position on the supervision of doctors holding general registration.

From: Melanie Faure <Melanie.Faure@ahpra.gov.au>
Sent: Friday, 25 June 2021 4:00 PM
To: Darren Compton <darren.compton@dxcmedical.com.au>
Subject: How will the upcoming DPA review affect your medical centre GP recruitment strategy

Dear Darren

Board approved supervision is only a requirement for IMGs who hold limited or provisional registration. Once the IMG is granted general and/or specialist registration the Board no longer monitors the supervision arrangements unless a supervision condition is imposed.

Kind regards

Melanie Faure

Regulatory Advisor - Registration (Team Leader)

Australian Health Practitioner Regulation Agency

MDRAP Proposals

We would like the Department to consider the following two proposals:

1: DPA replacement provisions to be allowed for MDRAP

2: The workforce agencies to use AHPRA's recommended mentoring requirements for doctors holding general registration.

3: RACGP Practice Experience Program (PEP – both streams)

PEP has rapidly increased in popularity with nonVR GPs looking to undertake their own, self-directed pathway to fellowship of the RACGP.

DPA Replacement Provisions

At present, the program does not allow for DPA replacement provisions, which causes one of the same issues as MDRAP.

Practices have generated a DPA replacement provision due to an experienced GP leaving their practice. The recruitment of a non-VR GP is not a like for like replacement and yet they still cannot use the replacement provision to recruit the doctor.

PEP Funding

There are separate concerns for the future of PEP funding and educational support from the end of June 2023. Doctors applying in the next PEP intake (commence April 2022) are concerned at what will happen if they are still on the program when the funding and educational support ceases.

RACGP PEP Proposal

1: DPA replacement provisions to be allowed for PEP candidates

2: Greater information to be provided from the RACGP and AMA on the future of college-led training, planned to commence in January 2023

4: Visas4GPs / Health Workforce Certificates (HWC)

Following its introduction in March 2019, the Visas4GPs initiative has caused similar frustration in both the lack of transparency in how HWC applications are decided, and the iniquity in the distribution of certificates.

We have recently been successful in gaining HWCs for the NSW Central Coast and Canberra, but have been rejected in Narrabri given its lack of DPA status.

The Narrabri example was particularly frustrating, as we had clearly provided evidence that the location was DPA at the time the GP signed their letter of offer. This information was provided at the time of the application, along with confirmation that NSW Rural Doctors Network were happy that this then met the requirements for MDRAP.

Visas4GPs initiative

We would like the Department of Health and Department of Immigration to urgently review this initiative.

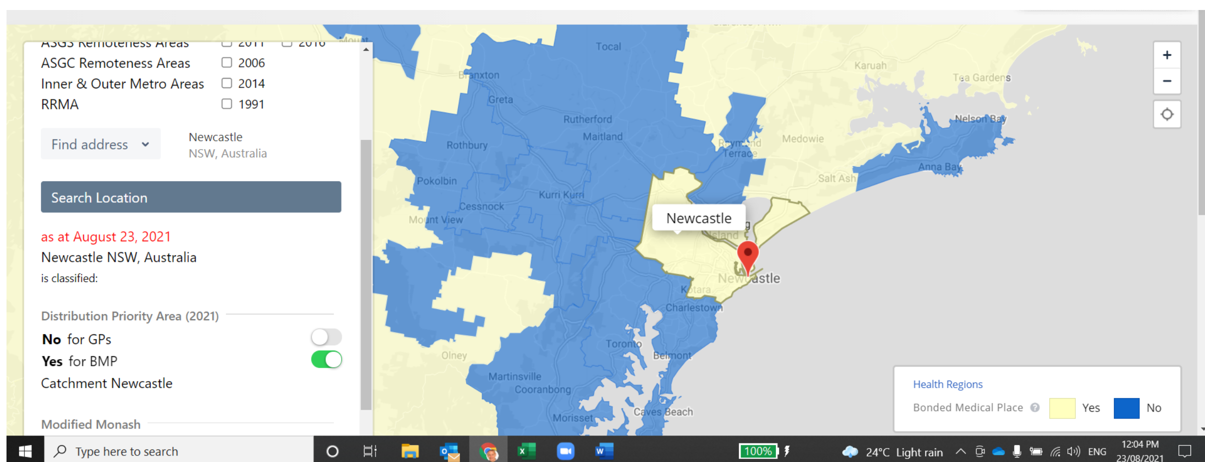
The 2019 Deloitte report into the GP workforce reported:

"Starting from an initial equilibrium in 2019, demand for GP services is forecast to outpace supply, resulting in a widening shortfall of full-time equivalent (FTE) GPs from 2020 onwards. By 2030, there is projected to be a shortfall of 9,298 FTE GPs, or 24.7% of the workforce".

The Visas4GPs initiative has already further widened this gap and something urgently needs to change.

<u>5: Rural Bonded Scholars & Bonded Medical Places</u>

Image 2 (below) highlights one example of the disparity and iniquity in the current system of where bonded scholars can return their bond.



Rural clients (MM3+) are dismayed at how a bonded scholar can return their bond in Newcastle, Canberra, NSW Central Coast, Melbourne and Geelong, but cannot return their bond in Broken Hill, Narrabri, Vincentia, Tumut, Young or Grafton.

<u>Bonded Medical Place proposal</u>

We would like the Department to consider allowing all MMM4 locations to automatically be eligible locations for bonded medical students to return their bond.

We would also request a review of the current MMM1 locations that are currently eligible for these doctors to return their bond.

22nd September 2021